#### DEPARTMENT OF HEALTH & FAMILY SERVICES

### **Chapter HFS 46**

#### **APPENDIX A**

#### FIELD OFFICES OF THE DIVISION OF CHILDREN AND FAMILY SERVICES

The Department of Health and Family Services licenses day care centers through five Division of Children and Family Services field offices. Below are addresses and phone numbers of the field offices and related counties.

# **Northeastern Office**

(Green Bay) 200 North Jefferson Suite 411 Green Bay, WI 54301–5191 (414) 448–5312

### **Northern Office**

(Rhinelander) 1853 North Stevens Street P.O. Box 697 Rhinelander, WI 54501–0697 (715) 365–2500

#### **Southeastern Office**

(Waukesha) 141 N.W. Barstow Street, Room 209 Waukesha, WI 53188–3789 (414) 521–5100

#### **Southern Office**

(Madison) 3601 Memorial Drive Madison, WI 53704-1105 (608) 243-2400

#### **Western Office**

(Eau Claire) Suite 3, 312 S. Barstow Street Eau Claire, WI 54701–3695 (715) 836–2174

#### **COUNTIES**

Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, Winnebago

Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas, Wood

Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, Waukesha

Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Iowa, Juneau, Lafayette, Richland, Rock, Sauk

Barron, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, LaCrosse, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix, Trempealeau, Vernon, Washburn

# **Chapter HFS 46**

# **APPENDIX B**

# DAY CARE STAFF-CHILD RATIO WORKSHEET GROUP DAY CARE CENTERS

(1)	(2)	(3)	(4)
Child Age	No. Children in Age Group	Numerical Weight for Age Group	Weight in Age Group Col. 2 x Col. 3
Birth to 2		0.25	
2 years		0.16	
2½ years		0.12	
3 years		0.1	
4 years		0.077	
5 years		0.058	
6 years and over		0.055	
TOTAL		TOTAL	

TOTAL STAFF required, indicated by total of column 4:\_\_\_\_\_

# **Chapter HFS 46**

# **APPENDIX C**

# CHILD AND ADULT CARE FOOD PROGRAM (Child Care Component) MEAL PATTERN REQUIREMENTS – AGE 1 to 12

The meal pattern shall contain, as a minimum, each of the following components in the amounts indicated for the specific age group.

Age 1 & 2	Age 3, 4 & 5	Age 6 up to 12		
<sup>1</sup> / <sub>2</sub> cup <sup>1</sup> / <sub>4</sub> cup	<sup>3</sup> / <sub>4</sub> cup <sup>1</sup> / <sub>2</sub> cup	1 cup  1/2 cup		
<sup>1</sup> / <sub>2</sub> slice <sup>1</sup> / <sub>4</sub> cup or <sup>1</sup> / <sub>3</sub> oz. <sup>3</sup> <sup>1</sup> / <sub>4</sub> cup	<sup>1</sup> / <sub>2</sub> slice <sup>1</sup> / <sub>3</sub> cup or <sup>1</sup> / <sub>2</sub> oz. <sup>3</sup> <sup>1</sup> / <sub>4</sub> cup	1 slice <sup>3</sup> /4 cup or 1 oz. <sup>1</sup> / <sub>2</sub> cup		
$^{1}/_{2}$ cup	<sup>3</sup> / <sub>4</sub> cup	1 cup		
1 oz. 1 egg <sup>1</sup> / <sub>4</sub> cup 2 Tbsp <sup>1</sup> / <sub>2</sub> oz. = 50% <sup>4</sup> <sup>1</sup> / <sub>4</sub> cup <sup>1</sup> / <sub>2</sub> slice	1 1/2 cup 1 egg 3/8 cup 3 Tbsp 3/4 oz. = 50% <sup>4</sup> 1/2 cup 1/2 slice	2 oz. 1 egg <sup>1</sup> / <sub>2</sub> cup 4 Tbsp 1 oz. = 50% <sup>4</sup> <sup>3</sup> / <sub>4</sub> cup 1 slice		
SNACK				
1/2 cup 1/2 cup 1/2 slice 1/4 cup or 1/3 oz. <sup>3</sup> 1/4 cup 1/2 oz. 1/2 egg 1/8 cup 1 Tbsp 1/2 oz. 2 oz. or 1/4 cup	1/2 cup 1/2 cup 1/2 slice 1/3 cup or 1/2 oz. <sup>3</sup> 1/4 cup 1/2 oz. 1/2 egg 1/8 cup 1 Tbsp 1/2 oz. 2 oz. or 1/4 cup	1 cup  3/ <sub>4</sub> cup  1 slice  3/ <sub>4</sub> cup or 1 oz. <sup>3</sup> 1/ <sub>2</sub> cup  1 oz. 1 egg  1/ <sub>4</sub> cup 2 Tbsp 1 oz. 4 oz. or 1/ <sub>2</sub> cup		
	1/2 cup 1/4 cup 1/2 slice 1/4 cup or 1/3 oz.3 1/4 cup  1 oz. 1 egg 1/4 cup 2 Tbsp 1/2 oz. = 50%4 1/4 cup 1/2 slice 1/4 cup 1/2 slice 1/4 cup 1/2 cup 1/2 cup 1/2 cup 1/2 oz. 1/2 egg 1/4 cup or 1/3 oz.3 1/4 cup 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 Tbsp 1/2 oz.	1/2 cup 1/4 cup 1/2 slice 1/4 cup or 1/3 oz.3 1/4 cup  1/2 cup  1 oz. 1 egg 1 egg 1/4 cup 2 Tbsp 3 Tbsp 1/2 oz. = 50%4 1/4 cup 1/2 slice 1/2 slice 1/2 slice 1/2 cup 1/2 slice 1/4 cup 1/2 slice 1/4 cup or 1/3 oz.3 1/4 cup 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 Tbsp 1 Tbsp 1 Tbsp 1 Tbsp 1/2 oz. 1/2 oz.		

<sup>&</sup>lt;sup>1</sup> Shall be full strength fruit or vegetable juice.

<sup>&</sup>lt;sup>2</sup> Shall be whole grain or enriched.

<sup>&</sup>lt;sup>3</sup> Either volume (cup) or weight (oz.), whichever is less.

<sup>&</sup>lt;sup>4</sup> No more than 50% of the requirement may be met with nuts or seeds. Nuts and seeds shall be combined with another meat/meat alternate to fulfill the requirement.

<sup>&</sup>lt;sup>5</sup> Full strength fruit or vegetable juice may be counted to meet not more than one-half of this requirement.

### APPENDIX D

# CHILD AND ADULT CARE FOOD PROGRAM (Child Care Component) INFANT MEAL PATTERN REQUIREMENTS

The infant meal pattern shall contain, as a minimum, each of the following components in the amounts indicated for the specific age group. The minimum quantity of food must be provided to the infant, but may be served during a span of time consistent with the infant's eating habits.

Birth Through 3 Months	4 Through 7 Months	8 Through 11 Months
BREAKFAST 4–6 fl. oz. formula <sup>1</sup>	4–8 fl. oz. formula <sup>1</sup> or breast milk 0–3 T. infant cereal <sup>2</sup> (optional)	6–8 fl. oz. formula <sup>1</sup> , breast milk, or whole milk 2–4 T. infant cereal <sup>2</sup> 1–4 T. fruit and/or vegetable
LUNCH OR SUPPER		
4–6 fl. oz. formula <sup>1</sup>	4–8 fl. oz. formula <sup>1</sup> or breast milk 0–3 T. infant cereal <sup>2</sup> (optional) 0–3 T. fruit and/or vegetable (optional)	6–8 fl. oz. formula <sup>1</sup> , breast milk or whole milk 2–4 T. infant cereal <sup>2</sup> and/or 1–4 T. meat, fish, poultry, egg yolk, or cooked dry beans or peas, or <sup>1</sup> / <sub>2</sub> –2 oz. cheese or 1–4 oz. cottage cheese, cheese food, or cheese spread 1–4 T. fruit and/or vegetable
<u>SNACK</u>		
4–6 fl. oz. formula <sup>1</sup>	4–8 fl. oz. formula <sup>1</sup> or breast milk	2–4 fl. oz. formula <sup>1</sup> , or breast milk, whole milk, or fruit juice <sup>3</sup> 0–1/ <sub>2</sub> bread or 0–2 crackers (optional) <sup>4</sup>

<sup>&</sup>lt;sup>1</sup> Shall be iron-fortified infant formula.

For infants four through eleven months, breast milk provided by the infant's mother may be served in place of infant formula.

<sup>&</sup>lt;sup>2</sup> Shall be iron-fortified dry infant cereal.

<sup>&</sup>lt;sup>3</sup> Shall be full-strength fruit juice.

<sup>&</sup>lt;sup>4</sup> Shall be from whole-grain or enriched meal or flour.